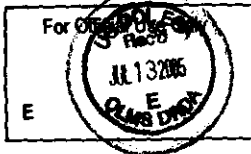


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2768</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Helen</u> <u>F</u> <u>Green</u> P.O. Box, Bldg., Room No., if any <u>N/A</u> Street <u>10080 Placid Street</u> City <u>Las Vegas</u> State <u>Nevada</u> ZIP Code + 4 <u>89123</u>	4. Name, file number, and address of labor organization. <u>Professional, Clerical And Miscellaneous</u> Name <u>Employees, Teamsters Local Union Number</u> <u>995</u> Labor Organization File Number <u>066-774</u> P.O. Box, Building and Room Number, if any <u>N/A</u> Street <u>300 Shadow Lane</u> City <u>Las Vegas</u> State <u>NV</u> ZIP Code + 4 <u>89106-4306</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N/A</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Helen Green

On

7/5/05

Date

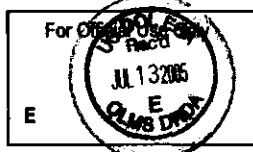
702-897-1833

Telephone Number

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



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3. Name and address of person filing. Name <u>Helen</u> <u>E</u> <u>Green</u> P.O. Box, Bldg., Room No., if any <u>N/A</u> Street <u>10080 Placid Street</u> City <u>Las Vegas</u> State <u>Nevada</u> ZIP Code + 4 <u>89123</u>	4. Name, file number, and address of labor organization. <u>Professional, Clerical And Miscellaneous</u> Name <u>Employees, Teamsters Local Union Number</u> <u>995</u> Labor Organization File Number <u>066-774</u> P.O. Box, Building and Room Number, if any <u>N/A</u> Street <u>300 Shadow Lane</u> City <u>Las Vegas</u> State <u>NV</u> ZIP Code + 4 <u>89106-4306</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N/A</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Helen Green</u>	On <u>7/5/05</u> Date	<u>702-897-1833</u> Telephone Number

Name of Person Filing HELEN F. Green

File Number U-

2768

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name N/A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Phil E. Davidson - Senior Consultant

Trade Name, if any: Milliman Consultants &amp; Actuaries

P.O. Box, Bldg., Room No., if any

Street 650 California Street, 17th Floor

City San Francisco

State California

ZIP Code + 4 94108-2702

14.a. Nature of payment.

Phil Davidson is the Trust Fund Consultant for the Teamsters Security Fund for Southern Nevada 995, for which I am a Trustee. Phil invites the Plan Trustees to join him for dinner to discuss his recommendations and reports at the next Trust Fund Meeting. He inquires to see if we've experienced any problems with the fund since the last meeting. I joined Phil for Dinner at Pierros Restaurant on 1/21/04. On 3/24/04, 7/19/04, 9/23/05, and 11/17/05, we dined at Del Frisco's Restaurant. Phil paid for dinner. Estimated value between \$68.00 & \$77.00 each.

13.b. Is the Business an Employer ☐Health & Welfare  
or Consultant ☒ ?  
Trust Fund Consultant

14.b. Amount of payment.

\$340.00 - \$385.00

Name of Person Filing HELEN F. GREEN

File Number U-

2768

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Teamsters Security Fund For Southern Nevada

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 101 Convention Center Drive #600

City Las Vegas

State Nevada

ZIP Code + 4 89109

## 14.a. Nature of payment.

I am a Trustee for the Trust Fund. Being a Trustee requires attendance at Trust Fund educational seminars. In 2004, I attended an educational conference in New Orleans, LA from 11/29/04 - 12/4/04.

In addition, at the Conference, I also attended a banquet, hosted by Wells Capital Management for Trust Fund Trustees. The estimated value of the dinner is \$75.00.

For Room, meals, airfare, parking, transportation, et  
Cost of attendance at conference - \$2040.59  
(See Attached.)

13.b. Is the Business an Employer ☐ or Consultant ☐ ?  
☒ Health & Welfare

## 14.b. Amount of payment.

\$2,115.56

## TRUSTEE EXPENSE VOUCHER

HELEN GREEN - TEAMSTERS 995

## THIS VOUCHER IS FOR:

☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT \_\_\_\_\_ (Location)  
HELD ON \_\_\_\_\_ (Date(s) of Meeting)

☒ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT New Orleans Conv. Center (Location)  
HELD ON 11/29-12/4 (Session Date(s))

SPONSORED BY IFEB (Meeting Sponsor)

☒ OTHER: (Describe Reason for Incurring Expenses) \$12.50 - Early Arrival 11/26/04 - shuttle

MY DATE OF DEPARTURE 11/28/04 MY DATE OF RETURN 12/4/04

## EXPENSES

## TRANSPORTATION EXPENSES:

☒ Airfare, Train, Bus Airfare - \$198.40, shuttle = \$12.50, taxi \$32.00 \$ 242.90  
\$ 210.90

☐ Rental Car Expense \_\_\_\_\_ \$ \_\_\_\_\_

## DAILY EXPENSES:

☐ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) \_\_\_\_\_ \$ 1829.69

## MEETING REGISTRATION FEE:

☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT) \_\_\_\_\_ \$ \_\_\_\_\_

## SETTLEMENT

TOTAL EXPENSES WHICH I INCURRED ..... \$ 2073.59 2040.59  
LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY) ..... \$ 2550.00  
EQUALS ..... \$ 477.41  
☒ REFUND WHICH I OWE TO TRUST FUND. MY CHECK IS ATTACHED ..... \$ 477.41 509.41

OR

☐ AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT. .... \$ \_\_\_\_\_

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.

DATED THIS 6<sup>th</sup> DAY OF Dec, 20 04.

Helen Green  
(Signature of Trustee)

300 Shadow Lane, Las Vegas, NV  
(Address and City)

NOTE TO TRUSTEE: This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If a restaurant bill contains a charge for a meal for one or more family members, subtract that amount and indicate on the bill that only the balance is being charged to the trust fund.) If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.

**DAILY EXPENSES (ATTACH RECEIPTS FOR ALL MEAL EXPENSES; AND ANY SINGLE ITEM OF \$25 OR MORE):**

DATE: <u>11/28/04</u>	DATE: <u>11/29/04</u>	DATE: <u>11/30/04</u>
HOTEL ROOM PLUS TAX \$ <u>239.17</u>	HOTEL ROOM PLUS TAX \$ <u>239.17</u>	HOTEL ROOM PLUS TAX \$ <u>239.17</u>
BREAKFAST & TIP ✓ \$ <u>22.70</u>	BREAKFAST & TIP ✓ \$ <u>20.80</u>	BREAKFAST & TIP ✓ \$ <u>16.63</u>
LUNCH & TIP \$ _____	LUNCH & TIP \$ _____	LUNCH & TIP ✓ \$ <u>56.22</u>
DINNER & TIP ✓ \$ <u>57.30</u>	DINNER & TIP ✓ \$ <u>39.00</u>	DINNER & TIP \$ _____
BEVERAGES & TIP ✓ \$ <u>14.80</u>	BEVERAGES & TIP \$ _____	BEVERAGES & TIP \$ _____
PORTERS-BELLMEN \$ _____	PORTERS-BELLMEN \$ _____	PORTERS-BELLMEN \$ _____
LIMOS-TAXIS-BUSES \$ _____	LIMOS-TAXIS-BUSES \$ _____	LIMOS-TAXIS-BUSES \$ _____
(Other) \$ _____	Phone Charge (Other) \$ <u>12.00</u>	Phone Charge (Other) ✓ \$ <u>16.55</u>
TOTAL THIS DATE ✓ \$ <u>333.97</u>	TOTAL THIS DATE ✓ \$ <u>300.97</u>	TOTAL THIS DATE ✓ \$ <u>328.57</u>

DATE: <u>12/1/04</u>	DATE: <u>12/2/04</u>
HOTEL ROOM PLUS TAX \$ <u>239.17</u>	HOTEL ROOM PLUS TAX \$ <u>239.17</u>
BREAKFAST & TIP ✓ \$ <u>8.31</u>	BREAKFAST & TIP ✓ \$ <u>6.47</u>
LUNCH & TIP \$ _____	LUNCH & TIP \$ _____
DINNER & TIP \$ _____	DINNER & TIP \$ _____
BEVERAGES & TIP \$ _____	BEVERAGES & TIP \$ _____
PORTERS-BELLMEN \$ _____	PORTERS-BELLMEN \$ _____
LIMOS-TAXIS-BUSES \$ _____	LIMOS-TAXIS-BUSES \$ _____
(Other) \$ _____	Phone Charge (Other) ✓ \$ <u>14.45</u>
TOTAL THIS DATE ✓ \$ <u>247.48</u>	TOTAL THIS DATE ✓ \$ <u>260.09</u>

IF MORE THAN FIVE DAYS,  
ATTACH AN ADDITIONAL  
VOUCHER SHEET

TOTAL OF ALL DAILY EXPENSES \$ \_\_\_\_\_

(Transfer amount to front side of voucher)

EXPLANATIONS (IF NEEDED):

"Reimbursable expenses" shall not include expenses of a personal nature or those expenses which are not related to fund business. For example, personal recreational expenses such as golf, tennis, rental of fishing boat and in-room movies are not reimbursable expenses.

SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED).

**DISCLAIMER**

The International Foundation is making this form available as part of its role of providing educational materials regarding employee benefit matters. This form is not intended to provide "ground rules" for expense reimbursement or the reporting of expense reimbursement for your Fund. What is appropriate or proper in a situation depends on a number of factors including the terms of the Fund's Trust Agreement, policies and practices, and the application of laws and regulations to the facts and circumstances of a particular situation. You should consult with your Fund's advisors, including legal counsel, regarding what is an appropriate and proper expense reimbursement and reporting of such items. You may need to customize the form to reflect your Fund's policies and circumstances.

ED031059



**DAILY EXPENSES (ATTACH RECEIPTS FOR ALL MEAL EXPENSES AND ANY SINGLE ITEM OF \$25 OR MORE):**

DATE: <u>12/3/04</u>	DATE: <u>12/4/04</u>	DATE: _____
HOTEL ROOM PLUS TAX \$ <u>239.17</u>	HOTEL ROOM PLUS TAX \$ _____	HOTEL ROOM PLUS TAX \$ _____
BREAKFAST & TIP ✓ \$ <u>6.31</u>	BREAKFAST & TIP \$ _____	BREAKFAST & TIP \$ _____
LUNCH & TIP ✓ \$ <u>45.38</u>	LUNCH & TIP \$ _____	LUNCH & TIP \$ _____
DINNER & TIP \$ _____	DINNER & TIP \$ _____	DINNER & TIP \$ _____
BEVERAGES & TIP \$ _____	BEVERAGES & TIP \$ _____	BEVERAGES & TIP \$ _____
PORTERS-BELLMEN \$ _____	PORTERS-BELLMEN \$ <u>15.00</u>	PORTERS-BELLMEN \$ _____
LIMOS-TAXIS-BUSES \$ _____	LIMOS-TAXIS-BUSES ✓ \$ <u>32.00</u>	LIMOS-TAXIS-BUSES \$ _____
Phone Charge ✓ \$ <u>20.25</u> (Other)	(Other) \$ _____	(Other) \$ _____
TOTAL THIS DATE ✓ \$ <u>311.61</u>	TOTAL THIS DATE ✓ \$ <u>47.00</u>	TOTAL THIS DATE \$ _____

DATE: _____	DATE: _____
HOTEL ROOM PLUS TAX \$ _____	HOTEL ROOM PLUS TAX \$ _____
BREAKFAST & TIP \$ _____	BREAKFAST & TIP \$ _____
LUNCH & TIP \$ _____	LUNCH & TIP \$ _____
DINNER & TIP \$ _____	DINNER & TIP \$ _____
BEVERAGES & TIP \$ _____	BEVERAGES & TIP \$ _____
PORTERS-BELLMEN \$ _____	PORTERS-BELLMEN \$ _____
LIMOS-TAXIS-BUSES \$ _____	LIMOS-TAXIS-BUSES \$ _____
(Other) \$ _____	(Other) \$ _____
TOTAL THIS DATE \$ _____	TOTAL THIS DATE \$ _____

IF MORE THAN FIVE DAYS,  
ATTACH AN ADDITIONAL  
VOUCHER SHEET

TOTAL OF ALL DAILY EXPENSES ✓ \$ 1829.69

(Transfer amount to front side of voucher)

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